



**CDC Case ID:**

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## Epidemiologic Risk Factors

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### 5. Travel/Exposures

A. In the 10 days prior to illness onset, did the patient travel to any of the countries listed in the table below?  
If yes\*, please fill in arrival and departure dates for all countries that apply.

☐ Yes\* ☐ No\*\* ☐ Unknown

\*\*If patient did not travel outside U.S., skip to question 6.

| Country                              | Arrival Date | Departure Date | Country                                   | Arrival Date | Departure Date |
|--------------------------------------|--------------|----------------|---|--------------|----------------|
| <input type="checkbox"/> Afghanistan |              |                | <input type="checkbox"/> Myanmar (Burma)  |              |                |
| <input type="checkbox"/> Bangladesh  |              |                | <input type="checkbox"/> Nepal            |              |                |
| <input type="checkbox"/> Brunei      |              |                | <input type="checkbox"/> North Korea      |              |                |
| <input type="checkbox"/> Cambodia    |              |                | <input type="checkbox"/> Oman             |              |                |
| <input type="checkbox"/> China       |              |                | <input type="checkbox"/> Pakistan         |              |                |
| <input type="checkbox"/> Hong Kong   |              |                | <input type="checkbox"/> Papua New Guinea |              |                |
| <input type="checkbox"/> India       |              |                | <input type="checkbox"/> Philippines      |              |                |
| <input type="checkbox"/> Indonesia   |              |                | <input type="checkbox"/> Saudi Arabia     |              |                |
| <input type="checkbox"/> Iran        |              |                | <input type="checkbox"/> Singapore        |              |                |
| <input type="checkbox"/> Iraq        |              |                | <input type="checkbox"/> South Korea      |              |                |
| <input type="checkbox"/> Israel      |              |                | <input type="checkbox"/> Syria            |              |                |
| <input type="checkbox"/> Japan       |              |                | <input type="checkbox"/> Taiwan           |              |                |
| <input type="checkbox"/> Jordan      |              |                | <input type="checkbox"/> Thailand         |              |                |
| <input type="checkbox"/> Laos        |              |                | <input type="checkbox"/> Turkey           |              |                |
| <input type="checkbox"/> Lebanon     |              |                | <input type="checkbox"/> Viet Nam         |              |                |
| <input type="checkbox"/> Macao       |              |                | <input type="checkbox"/> Yemen            |              |                |
| <input type="checkbox"/> Malaysia    |              |                |   |              |                |

For the questions 5B to 5E,

In the 10 days prior to illness onset, while in the countries listed above . . . .

B. Did the patient come within 1 meter (3 feet) of any live poultry or domesticated birds (e.g. visited a poultry farm, a household raising poultry, or a bird market)?

☐ Yes\* ☐ No ☐ Unknown

If Yes\*

C. Did patient touch any recently butchered poultry?

☐ Yes ☐ No ☐ Unknown

D. Did the patient visit or stay in the same household with anyone with pneumonia or severe flu-like illness?

☐ Yes ☐ No ☐ Unknown

E. Did the patient visit or stay in the same household with a suspected human influenza A(H5) case?\*

☐ Yes ☐ No ☐ Unknown

F. Did the patient visit or stay in the same household with a known human influenza A(H5) case?\*

☐ Yes ☐ No ☐ Unknown

\* SEE Influenza A (H5): Interim U.S. Case Definitions

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| 6. Exposure for Non Travelers  |  |
|--|--|
| For patients whom did not travel outside the U.S.,<br><b>in the 10 days prior to illness onset</b> , did the patient visit or stay<br>in the same household with a traveler returning from one of<br>the countries listed above who developed pneumonia or severe<br>flu-like illness? | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| If yes*, was the contact a confirmed or suspected H5 case<br>patient?  | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| If yes*:    CDC ID: _____    STATE ID: _____   |  |

## Laboratory Evaluation

| 7. State and local level influenza test results   |   |
|---|---|
| Specimen 1  |   |
| <input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL)<br><input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____ | Date Collected:<br>____ / ____ / ____<br>m m    d d    y y y y  |
| Test Type:<br><input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA)<br><input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test*               | Result:<br><input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B<br><input type="checkbox"/> Influenza (type unk)<br><input type="checkbox"/> Negative <input type="checkbox"/> Pending |
| *Name of Rapid Test: _____  |   |
| Specimen 2  |   |
| <input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL)<br><input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____ | Date Collected:<br>____ / ____ / ____<br>m m    d d    y y y y  |
| Test Type:<br><input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA)<br><input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test*               | Result:<br><input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B<br><input type="checkbox"/> Influenza (type unk)<br><input type="checkbox"/> Negative <input type="checkbox"/> Pending |
| *Name of Rapid Test: _____  |   |
| Specimen 3  |   |
| <input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL)<br><input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____ | Date Collected:<br>____ / ____ / ____<br>m m    d d    y y y y  |
| Test Type:<br><input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA)<br><input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test*               | Result:<br><input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B<br><input type="checkbox"/> Influenza (type unk)<br><input type="checkbox"/> Negative <input type="checkbox"/> Pending |
| *Name of Rapid Test: _____  |   |

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| 8. List specimens sent to the CDC   |                   |   |
|---|-------------------|---|
| Select a SOURCE* from the following list for each specimen: Serum (acute), serum (convalescent), NP swab, NP aspirate, bronchoalveolar lavage specimen (BAL), OP swab, tracheal aspirate, or tissue |                   |   |
| Specimen 1:<br><input type="checkbox"/> Clinical Material<br><input type="checkbox"/> Extracted RNA<br><input type="checkbox"/> Virus Isolate   | Source*:<br>----- | Collected :   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y<br>Date Sent:   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y |
| Specimen 2:<br><input type="checkbox"/> Clinical Material<br><input type="checkbox"/> Extracted RNA<br><input type="checkbox"/> Virus Isolate   | Source*:<br>----- | Collected :   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y<br>Date Sent:   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y |
| Specimen 3:<br><input type="checkbox"/> Clinical Material<br><input type="checkbox"/> Extracted RNA<br><input type="checkbox"/> Virus Isolate   | Source*:<br>----- | Collected :   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y<br>Date Sent:   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y |
| Specimen 4:<br><input type="checkbox"/> Clinical Material<br><input type="checkbox"/> Extracted RNA<br><input type="checkbox"/> Virus Isolate   | Source*:<br>----- | Collected :   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y<br>Date Sent:   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y |
| Specimen 5:<br><input type="checkbox"/> Clinical Material<br><input type="checkbox"/> Extracted RNA<br><input type="checkbox"/> Virus Isolate   | Source*:<br>----- | Collected :   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y<br>Date Sent:   __ __ / __ __ / __ __ __ __<br>m m   d d   y y y y |
| Carrier:  |                   | Tracking #:   |
| 9. Case Notes:  |                   |   |
|   |                   |   |

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| CDC Contact Information (FOR CDC USE ONLY)                         |                               |                             |   |  |  |
|--|-------------------------------|-----------------------------|---|--|--|
| Case status and date status applied:                               |                               |                             | <input type="checkbox"/> Ruled Out/Non-Case:<br>____ / ____ / ____<br>m m d d y y y y<br>Reason:<br><input type="checkbox"/> Influenza A neg. (by PCR, viral culture, or influenza A serology)<br><input type="checkbox"/> Non-H5 Influenza Strain<br><input type="checkbox"/> Other etiology*<br><input type="checkbox"/> Did not meet case definition |  |  |
| <input type="checkbox"/> Clinical Case                             | ____ / ____ / ____            |                             |   |  |  |
| (lab results pending)  | m m d d y y y y               |                             |   |  |  |
| <input type="checkbox"/> Influenza A pos. Case                     | ____ / ____ / ____            |                             |   |  |  |
| (subtype pending)  | m m d d y y y y               |                             |   |  |  |
| <input type="checkbox"/> Confirmed Case                            | ____ / ____ / ____            |                             |   |  |  |
|  | m m d d y y y y               |                             |   |  |  |
| Date Entered by CDC:   | ____ / ____ / ____            | Contact Date:               | ____ / ____ / ____  |  |  |
|  | m m d d y y y y               |                             | m m d d y y y y   |  |  |
| Name of CDC Contact:   |                               |                             |   |  |  |
| <b>*Alternative Diagnosis</b>                                      |                               |                             |   |  |  |
| A. Was an alternative non-influenza respiratory pathogen detected? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No | <input type="checkbox"/> Unknown  |  |  |
| If yes* specify:   |                               |                             |   |  |  |
| B. Was there a diagnosis other than respiratory infection?         | <input type="checkbox"/> Yes* | <input type="checkbox"/> No | <input type="checkbox"/> Unknown  |  |  |
| If yes* specify:   |                               |                             |   |  |  |